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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none* *KA*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* *KA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

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## TITLE

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